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EXPRESS MAIL NO.: EV 473 971 149 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Appl. No.: 10/664,021

Confirmation No.: 5500

Applicants: Delmedico & Dwyer

Filed: September 16, 2003

TC/A.U.: 1648

Examiner: Jeffrey S. Parkin, Ph.D.

Docket No.: 902445-999121
(formerly TRM-001)

Customer No.: 20583

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. BOX 1450
Alexandria, Virginia 22313-1450

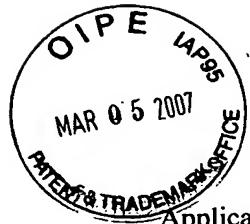
Sir:

In response to the Office Communication mailed in connection with the above-identified application, dated October 5, 2006, and in accordance with the Rules of Practice, please enter the following amendments to the claims and remarks in the record of the above-identified application.

Amendments to Claims begin on page 2 of this paper.

Remarks begin on page 19 of this paper.

Applicants submit concurrently herewith a Petition for Extension of time for two (2) months from January 5, 2006 up to and including March 5, 2006, including provision for the required fee (in duplicate); and an Amendment Fee Transmittal Sheet (in duplicate).



Express Mail No. EV 473 971 149 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Delmedico & Dwyer

Confirmation No.: 5500

Serial No.: 10/664,021

Art Unit: 1648

Filed: September 16, 2003

Examiner: Jeffrey S. Parkin, Ph.D.

For: HIV-DERIVED HR1 PEPTIDES
MODIFIED TO FORM STABLE
TRIMERS, AND THEIR USE IN
THERAPY TO INHIBIT
TRANSMISSION OF HIV

Attorney Docket
No: 902445-999121
(formerly TRM-001)

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be **\$0.00**.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDT. FEE	OR	RATE	ADDT. FEE
TOTAL	60	MINUS	79	0	x 25	\$	x 50	\$
INDEP.	11	MINUS	13	0	x 100	\$	x 200	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					\$		\$	0.00
				TOTAL	\$	OR	TOTAL	\$
								0.00

Please charge any required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: March 5, 2007

Respectfully submitted,


Laura A. Coruzzi Reg. No.
51,036
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure